
**Information
for
Professionals
and
Experienced
Volunteers**

**HIV
Antibody
Testing**

Table of Contents

	Page
Introduction	1
What is HIV?	1
Who Should be Considered for Testing?	
Screening Process	1
Who Should Receive Testing?	1
The HIV Antibody Test	2
Testing Process	2
Interpretation of Results	2
Effective Pre-Test Counselling	3
Give an Overview	3
Explore the Situation	3
Discuss Coping Skills and Support	4
Ensure Informed Decision-making and Consent for Testing	4
Explain Confidentiality of Testing	4
Obtain Informed Consent Before Testing	4
Waiting for the Test Results	4
Safer Sex Guidelines	5
Post-Test Counselling	5
Giving the Test Results	5
When the Test Results are Positive	5
Follow-Up Teaching for Those Testing Positive	5
Tracing Contacts	7
When the Test Results are Negative	7
Prevention Information	7
Institutional Guidelines For Testing	7
Hospital Protocols and Procedures	7
Laboratory Services	8
Remember	8
Selected References	9
Resources For Support, Information and Teaching	10
Appendix	
Revised MMWR Classification for HIV Infection	11
CD4+ T-Lymphocyte Categories	11
Clinical Categories	12

Introduction

Going through the process of HIV antibody testing can be a stressful time for persons. Professionals and volunteers can play an important role by ensuring that clear and accurate information is available to everyone. Testing provides an opportunity to teach a concerned and receptive audience about testing issues, the reduction of high risk behaviours, and what care and support are available to people affected by HIV.

What is HIV?

Human immunodeficiency virus (HIV), either alone or through interaction with one or more co-factors, causes acquired immunodeficiency syndrome (AIDS). HIV is spread primarily through specific unsafe sexual practices or parenteral exposure to blood. It may also be transmitted from an infected mother to her child in utero, during parturition or breast feeding. HIV can be present in high titres in the blood, semen and vaginal secretions of some infected persons.

At least two strains of this virus exist, designated HIV-1 and HIV-2, and appear to produce identical end-stage disease. However, HIV-2 may have a longer incubation period than HIV-1 and is much less likely to be spread from mother to infant. HIV-1 is distributed world-wide. HIV-2 has been reported largely in West Africa and continental Europe with a few cases reported in North America. In Canada, 18 persons with HIV-2 had been reported by mid-1993.

Who Should be Considered for Testing?

HIV is not limited to marginalized groups in society. There has been a significant increase in Alberta, Canada and across the world, in the number of infected women, heterosexual males and children.

Anyone who might have been exposed to HIV should be encouraged to have an HIV antibody test. Most infected people will develop antibodies and be "seropositive" within two to six months. Testing detects the presence of these antibodies.

Early detection is important, both from the perspective of preventing transmission of the virus to others and to allow early treatment and prevention of complications.

HIV infected individuals may be without obvious disease (Asymptomatic) for periods of twelve years or longer. They are presumed to be persistently viremic and therefore, potentially infectious to others throughout the long incubation period.

The decision to be tested has many ramifications and is often not easily made. The earlier a diagnosis is made and treatment started, the better the person's prognosis for remaining symptom-free. On the other hand, testing may create considerable stress for that individual.

Screening Process

An assessment should be done of the risk for each person who requests an HIV test. As well, if a health care professional sees a person who appears to be at risk for HIV infection, the subject of testing may need to be broached. Serious consideration should be given to testing **anyone** who makes a request. Give individuals the benefit of the doubt, as they may not be willing to provide details of their risk behaviours. The cost of performing the test is outweighed by the potential benefits of early detection of the disease.

Before testing, a thorough screening should be completed by the health care professional. Before ordering an HIV test, the physician should be satisfied that the following criteria are met:

- this is an appropriate clinical procedure;
- the person understands that test results are confidential and is aware of the steps used to provide confidentiality (see Explain Confidentiality of Testing); and
- the person receives pre and post-test counselling to fully understand the implications and limitations of the test results (see Effective Pre-Testing Counselling, Post-Test Counselling).

Under no circumstances should clients be advised to seek HIV testing or attempt to learn their serologic status by donating blood. People with any risk behaviors for HIV infection should be strongly discouraged from ever donating blood.

Who Should Receive Testing?

Testing may be appropriate for:

- anyone with signs or symptoms possibly related to HIV infection;
- individuals with other STD (syphilis, chlamydia, genital warts, herpes, etc.);
- anyone who has had unprotected sex (anal or vaginal), outside of a long term, mutually monogamous relationship;
- past or present injection drugs users who have shared needles or syringes;

- sex partners of anyone who has the above risk factors or has had a positive HIV antibody test;
- hemophiliacs, particularly those who received Factor VIII concentrate prior to July 1, 1985, and their sexual partners;
- recipients of blood transfusions between 1978 and the commencement of screening of blood donations (October 1985 in Alberta);
- health care workers who have sustained parenteral (e.g., needle prick) exposure to blood or body fluids;
- people from countries where heterosexually transmitted HIV infection is widespread (e.g. equatorial Africa and the West Indies) and who have engaged in risk behaviours. Short-term residents of, or travellers to, these areas should be evaluated to determine if risk exists; and
- an infant born to a mother who is HIV infected.

The HIV Antibody Test

The HIV antibody test is free to persons unless they require it for a third-party non-medical reason (e.g. at the request of an insurance company). The test is not a high cost to the health system. Cost should not be a deterrent.

Testing Process

Screening for antibodies to HIV in serum (blood) is done by an ELISA (enzyme linked immunosorbent assay), also known as EIA (enzyme immunoassay). Saliva or urine samples are unsuitable for diagnostic testing.

If the initial screening test is positive (reactive), the sample is again tested by an ELISA. If the second test is also positive, verification of this result is by an IFA (immunofluorescence assay) or Western Blot (WB).

The Provincial Laboratories in Edmonton and Calgary report results as:

- “NOT REACTIVE”;
- “INDETERMINATE by WB”; or
- “REACTIVE by EIA & IFA/or WB.”

The Laboratories **ALWAYS** request another blood sample on “INDETERMINATE” or “REACTIVE” results. When the results are positive, the verified EIA positive sample and confirmatory IFA or WB test are reported to the physician who ordered the test. Test results may take two to three weeks to be returned.

Interpretation of Results

Information about interpreting the test and/or the management of patients with positive serology can be obtained from the Sexually Transmitted Disease clinics in Edmonton and Calgary, the Communicable Disease Control and Epidemiology Program, and the Provincial AIDS Program as well as infectious disease specialists.

1. NOT REACTIVE (Negative Result)

A negative test result most likely means the person has not been infected with HIV.

In a small number of cases (about 1 percent), negative results may occur because:

- antibodies have not yet formed to HIV (the “window period” until antibodies are formed is usually within three to six months); or
- in extremely rare instances, the person is infected but is incapable of forming antibodies.

A person may still be infectious with a negative test result. If these individuals have been at high risk, they should be advised that they may be in the “window period” and that their infection might not yet be reflected in the test.

High risk individuals should be advised to have follow-up testing three to six months after their last risk behaviour. In the meantime, they should prevent further risk of exposure to the virus and avoid the risk of transmission to others. They should be warned that they may be capable of transmitting infection. Also, if they are not infected but continue with risk behaviours, they may acquire HIV.

2. REACTIVE by EIA & IFA/or WB (Positive Result)

This positive test result means the person:

- has been infected with HIV and formed antibodies against HIV;
- must be assumed to be infectious to others;
- must take precautions to prevent further exposure to, and/or transmission of, infection (exposure to different strains of the virus can further compromise their immune system); and
- has a life-long infection.

A positive test **does not** mean that a person has already developed AIDS. Many people live more than twelve years with HIV infection without progressing to AIDS.

A positive test result in infants of infected mothers may be from transmission of maternal antibody and may not reflect HIV infection. As of 1993, it is estimated that 15 to 30 percent of infants of HIV positive women will become infected.

Because of the risk of developing HIV related illnesses, seropositive individuals should be followed by a physician at three to six month intervals. They should be requested to report symptoms such as persistent fever or night sweats, extreme fatigue, unexplained weight loss, shortness of breath or cough, diarrhea, new skin lesions, enlarged lymph nodes or other symptoms suggestive of a change in health status. In females, frequent yeast infections and invasive carcinoma of the cervix may be indicators of HIV infection.

Many people who receive a positive test result will need immediate psychological support and guidance. Agencies with experience in providing these services are listed at the end of this booklet. (See Resources for Support, Information and Teaching.)

3. INDETERMINATE by WB (Indeterminate Results)

Western Blot indeterminate results are rare because of significant advances in technology. PCR (polymerase chain reaction) assay is often used to further study indeterminate results. However, an indeterminate result can occur:

- early in the seroconversion process when the antibody is just being produced; or
- in rare instances in low or no-risk individuals.

These individuals should be counselled with respect to their risk factors. A second blood sample will be requested by the Provincial Laboratory and should be collected.

4. FALSE POSITIVE AND FALSE NEGATIVE RESULTS

False positive tests are extremely rare. They happen when serum (blood) from an uninfected person contains antibodies which react in the ELISA as HIV antibodies might and produce false positive results. This is most often seen in women who have had many pregnancies, people who have had malaria or certain autoimmune disorders and older people.

The Provincial Laboratories verify ALL EIA-reactive results to exclude false positives by using a complex algorithm of testing. In these situations, there may be a delay of up to two weeks in the usual two week turn around.

False negatives are even more rare and most often occur in the very early stages of HIV infection (the window period).

Effective Pre-Test Counselling

Pre-test counselling is crucial in helping people consider the implications of HIV testing and preparing them for the emotional impact of the test results. Anyone who provides information or counselling should be familiar with the *HIV/AIDS Antibody Testing: Pre-Test Information brochure* before giving copies to clients.

Counsellors should explore with the person why they feel testing is required or suggested. The implications and limitations of the test should be explained. The Pre-Test brochure should be given to the person to read. Many people may have difficulty understanding and may be reluctant to admit their difficulty. Keep this in mind as you talk.

The following is a step-by-step guide to pre-test counselling.

1. Give an Overview

Counsellors should:

- explain HIV;
- explain what the test involves, who does it and how long it takes for results;
- give details of testing, including the meaning and ramifications of having positive, negative or indeterminate test results;
- discuss the possibility and meaning of having false positive or false negative results; and
- point out the potential benefits and consequences of being tested.

A person who is HIV positive has a chronic, life-threatening condition. The importance of early diagnosis and early treatment cannot be over-stressed. Careful consideration of the alternatives if testing is not done should be emphasized. In many cases, the question is not "if" the test should be done but "when".

2. Explore the Situation

Counsellors should:

- discuss with the person why the test is being requested and whether or not it is appropriate, based on their risk factors;
- encourage questions and provide frank and honest replies. When answers are unknown, reassure clients that information will be sought and provided as soon as possible; and

- emphasize that if the test is positive, sexual and/or drug-using partners will have to be told.

3. Discuss Coping Skills and Support

Counsellors should:

- ask how the person has reacted to other stressful life events and anticipates reacting to this one;
- learn about the network of family and friends and whether these people would be supportive in the event of positive test results;
- discuss and consider a period of counselling to help develop necessary coping skills; and
- suggest to anyone who seems uncertain about making the final decision to have the test, that they take a few days to think and, if appropriate, discuss their feelings with family and friends. You should provide resources to take home and study (including the brochure entitled *HIV Antibody Testing: Pre-Test Information*).

4. Ensure Informed Decision-making and Consent for Testing

Counsellors should:

- assist the person to think of all the ramifications before making the final decision to have the test.

5. Explain Confidentiality of Testing

Counsellors should:

- discuss the measures taken at every stage of testing to ensure the confidentiality of requests and test results;
- discuss which of the following classifications can be used:

Anonymous: where the results are linked to the client with a code known only by that person. This form of identification is the least desirable as it may preclude the ability to track partners of an infected individual

Non-nominal: where a code, known by the person and the physician, links the person being tested with the test results. To enable the Provincial Laboratory to identify subsequent samples from the same person, the suggested code is initials and the year of birth.

Nominal: uses a personal identifier of either a name or code to link the results to the person being tested. In some circumstances, such as when the blood sample is taken in a hospital, positive HIV antibody test results may be added to the person's health record. Individuals should be told if this is a possibility.

Whenever a code is used, the person should be encouraged to remember it and to use the same code in any follow-up testing.

- explain that staff in the doctor's office are expected to give the results only to the doctor requesting the test. Staff in the doctor's office or in the Laboratory must not reveal the test results. Tell the person that even the fact that a test is being done will be kept confidential. Provide assurances that the person's name is not needed or revealed if the result is positive and previous partners are traced.

There is no requirement to report an individual's positive HIV test to Alberta's Public Health authorities. (An HIV positive result is in the Schedule I category of Communicable Diseases and is **not** reported).

6. Obtain Informed Consent Before Testing

Counsellors should:

- explain that testing without a person's written or verbal informed consent is considered only in extraordinary circumstances and this fact is documented in all records.

An HIV antibody test should not be undertaken under any circumstances if a person specifically asks that it not be done.

7. Waiting for the Test Results

Counsellors should:

- emphasize the need to change high risk behaviour, regardless of the test outcome;
- encourage the person to use the waiting period to talk to partners about all the ramifications of the test results and how and why any high risk behaviours need to be changed;
- explain where and when test results are available and that it may take three to four weeks;
- explain that results are given only in person but encourage the person to call if there are concerns or other questions in the meantime; and
- explain which sexual practices are safest and which are unsafe (see Safer Sex Guidelines).

Safer Sex Guidelines

The **SAFEST** practices are:

- not having sexual intercourse with anyone;
- being in a relationship where **both** partners are free of infection and have sex only with each other and do not share needles to inject drugs;
- massaging, touching, stroking;
- hugging, body-to-body rubbing;
- dry kissing, French kissing, deep kissing; and
- mutual masturbation as long as neither person has open cuts or sores which may become exposed to body fluids.

LOW RISK practices include:

- vaginal or anal intercourse with a latex condom; and
- oral sexual activity.

HIGH RISK practices are:

- anal intercourse without a condom;
- vaginal intercourse without a condom;
- relying on withdrawing the penis before ejaculation (coming);
- sharing sex toys, unless dildoes and vibrators have been covered with a latex condom during use and toys are washed after use; and
- manual anal intercourse (fisting).

The pamphlet should be reviewed with, and given to the person. After the results of the test have been discussed, you may want to refer your client to other resources (see Resources for Support, Information and Teaching). These sources also have simplified material available for anyone who has difficulty understanding the information.

When the Test Results are Positive

Anyone receiving a positive test result will need considerable support and information. Their initial reactions can include shock, denial, guilt, frustration, anger and grief. The way a person reacts to learning of an HIV positive test will depend on many factors including:

- their health at the time;
- if there was complete and effective pre-test counselling;
- their support system of family and friends during the period of adjustment;
- their general satisfaction with family life, job, recreational activities and sexual contacts;
- unresolved personal issues (which can complicate the adjustment period); and
- cultural and spiritual values attached to HIV/AIDS, illness and death.

Although those learning of a positive test result may not be emotionally ready for extensive information, they will likely have immediate concerns and questions which can be addressed at this interview. A counsellor should recognize the shock caused by the diagnosis and offer support and hope. Your offer to call back later in the day is often appreciated.

A variety of emotions is normal with a positive test result and counsellors should be alert to extreme behaviour which may indicate the need for intervention and further counselling. Expressions indicating suicidal thoughts or other pronounced reactions are sufficient warning that close, follow-up monitoring is indicated.

It may be that little information will be absorbed at the appointment when test results are first presented. A follow-up appointment within a few days provides an opportunity for more detailed discussion. For that discussion, a person may be encouraged to bring a partner or friend for emotional support and to give both the opportunity to learn.

Follow-Up Teaching for Those Testing Positive

A person who is newly diagnosed with HIV infection needs a supporting and trusting relationship with the health care professionals providing the care. There must be a continuing exchange of factual information during which the necessary changes in high risk behaviour can be discussed.

Post-Test Counselling

Giving the Test Results

The test result should be given in person by the health care professional at the start of the session. People will react in a variety of ways to their results. A positive test may elicit crying, withdrawal or anger while those with a negative test may also cry, but with relief. Indeterminate results may also create considerable anxiety.

Because this is a stressful time, people may not retain much of what they hear. The counsellor must recognize that some facts may need to be repeated.

The Provincial Laboratory sends a copy for the client of one of two pamphlets, *What Does It Mean To Have A Positive HIV Antibody Test?* or *What Does It Mean To Have A Negative HIV Antibody Test?* with the test results. **Everyone discussing test results or doing related HIV counselling should know the contents of these post-test pamphlets.**

Four areas, which will have been discussed during pre-test counselling, should be re-emphasized at the outset.

1. The health consequences (short and long term) of a positive test should be discussed. A positive HIV antibody test means a person must not neglect their health. Points to cover include that:

- it is important to stay as healthy as possible. The body is better able to fight infection if a person eats a well-balanced diet, gets enough exercise and rest and avoids stress;
- injected street drugs, “poppers,” heavy alcohol use, and smoking can compromise the immune system and make the body more susceptible to infections. These should be avoided;
- a complete medical examination at least twice a year is recommended at which time steps to maintain health can be discussed. Early signs of immunodeficiency can be detected and treatment started;
- an annual Pap test for women is recommended;
- maintaining up-to-date immunizations is recommended;

A doctor should be consulted if any of the following occur:

- ✓ unexplained weight loss
- ✓ yeast infections
- ✓ severe night sweats
- ✓ extreme fatigue
- ✓ swollen glands
- ✓ purple spots on top of or beneath the skin or in the mouth, nose or anus
- ✓ dry cough or shortness of breath

2. Regular monitoring and referral to other resources may help a person adjust to the HIV positive diagnosis. These may include:

- extra psychological and emotional support through regular contact with a physician, an AIDS counsellor or a support group; and
- referral to a psychiatrist or psychologist who can offer further support to those with difficulty coping with the diagnosis.

3. Changes in behaviour are necessary to prevent further exposure or exposing others to the virus. Those infected with HIV must understand that they are responsible for protecting themselves and others.

Ensure that they understand the need to practice the following behaviours. They should:

✓ Always practice safer sex. The health of a sex partner must not be put at risk. Even if both partners have HIV, it is not wise to have unprotected sex because exposure to different strains of the virus can compromise immunity further;

- not have sexual intercourse without a condom. As blood can contain large amounts of HIV, intercourse is particularly risky during a woman's menstrual period;
- share the HIV test result with past partners and with present or future partners before engaging in sexual intercourse;
- encourage any sex or needle-sharing partners to consult a physician regarding HIV antibody testing;
- seek assistance from a health care professional if it is difficult to give a partner this information. These professionals can arrange to inform past partners, while maintaining confidentiality;
- discuss the implications of this decision with a knowledgeable physician if considering pregnancy. If a person or partner is already pregnant, they should inform the physician about the parent's positive test;
- not donate blood, sperm, ova or body organs;
- not sign the organ donor portion of a driver's licence and cross out the signature if it is already signed;
- not share needles if drugs are injected;
- use only their own toothbrush, razor or anything else that could have blood on it. They should also avoid having electrolysis and piercing or tattooing ears or other body parts.
- clean objects on which there is blood, semen or vaginal fluid with a mixture of one part bleach to nine parts water;
- wear protective gloves and take other precautions if they come in contact with blood or body fluids as part of their job. They should ask the Occupational Health Nurse or Fire and Safety Committee about universal precautions in their workplace;

- advise other health care providers (physicians, nurses, dentists, acupuncturists) to use universal blood and body fluid precautions; and
- keep latex gloves in first aid kits at home, work and in the car in case help must be given to someone who is bleeding.

4. The psycho-social needs of individuals with a positive test result must be recognized. You should emphasize that they will not spread HIV through daily activities. It has been shown that those who are employed and remain active tend to stay well longer and cope better with the stress of the illness. They should be urged to:

- turn to confidantes with whom they can share the information and enjoy relaxed, fulfilling friendships;
- continue usual social activities with family and friends; and
- have day-to-day contact with people including those at work.

Tracing Contacts

The person should have been informed at pre-test counselling and should be told again that contact tracing must be done. Points to consider include that:

- the person should be instructed to notify sexual partners and those with whom injection equipment has been shared that they should go for counselling and testing;
- the notification of contacts is a difficult thing for many people to do and may require the support and intervention of a health care professional;
- the physician should ensure that persons at risk have been informed. The conditions under which physicians should initiate tracing are:
 - a partner is at risk of HIV infection and has no other way of learning this fact;
 - when an infected person refuses to disclose this information to the partner; and
 - the person has been informed that such disclosure is to be made.
- physicians are encouraged to contact STD Services in Edmonton or Calgary (see Resources for Support, Information, and Teaching) where information and assistance will be provided. Patients should be assured that STD Services will keep the information confidential.

Children that may have been conceived or breast-fed by an HIV infected person should have an HIV antibody test.

When the Test Results are Negative

People receiving a negative test result will be relieved and most will be anxious to learn how to avoid HIV infection. This is an opportunity to discuss why and how to change high risk behaviours.

Some people, on learning they are HIV negative, may see themselves as no longer at risk and this myth must be dispelled. Counselling should emphasize how to keep from being exposed to HIV.

If there is a chance that the person was recently infected, the implications of the "window period" should be described again. The person should be cautioned to be tested again in three to six months after their last risk behaviour, to always practice safer sex and not share injection equipment.

Prevention Information

Regardless of whether test results are positive or negative, sufficient time should be set aside at the appointment to answer the person's questions and counsel on how to avoid risk of exposure to the virus or spreading of infection. It may be the best, if not the only, opportunity to reach that person regarding safer behaviour choices.

Institutional Guidelines For Testing

Hospital Protocols and Procedures

Hospitals should have established protocols, procedures and consent forms for patients for whom the HIV antibody test is deemed necessary. Included in the protocol should be instructions to inform patients about the manner in which test results will be handled by the hospital. Test results are sent directly to the physician who requested the test. These results should only be released by that physician. Other hospital staff should not be privy to the test results unless the physician has explicitly received the patient's informed consent.

Prior to their ever being tested, hospital patients should be fully informed about how their test results will be handled and who will have access to their results.

Hospitals should examine their procedures and protocols to ensure that confidentiality is not breached. For instance, HIV test results should not automatically be included as part of a patient's permanent hospital record as this information could then be inappropriately accessed by others.

The Provincial Laboratory will send the appropriate "positive" or "negative" pamphlet to the physician who

should give it to the patient. The physician should ensure, through subsequent discussion, that the information is understood. Pre and post-test counselling should be provided to those being tested in hospitals, just as it is to individuals who are tested elsewhere.

Laboratory Services

Testing for antibody to HIV is available through the Provincial Laboratories of Public Health in Edmonton and Calgary. Specimens should be submitted with the HIV serology form available from the laboratory. The laboratory will only test samples which include:

- name and address of physician ordering the test;
- patient's age and sex;
- symptoms (indicate "none" if appropriate);
- risk factors (include "none" if appropriate); and
- reason for testing if response to symptoms or risk factors is "none".

Many physicians identify the blood sample with the person's name. The person should be given the opportunity to request that a name not be used (see Explain Confidentiality of Testing). To ensure confidentiality, a coded patient identifier is strongly recommended. Patients should be told if their name will be used.

To enable the laboratory to identify subsequent samples from the same patient, the following code is suggested: patient initials plus year of birth. Consistent use of the same code is urged to facilitate subsequent follow-up.

The handling of specimens should follow universal blood and body fluid precautions and institutional infection control guidelines. In general, these are that:

- health care workers who draw blood from any patient should wear disposable gloves;
- needles should not be bent or re-sheathed before being placed into puncture-resistant containers; and
- other items contaminated with blood should be disposed of into a plastic bag and placed into a second plastic bag for disposal, according to local solid waste disposal regulations.

Remember . . .

- HIV is the causal virus of AIDS. The conditions under which disease results from exposure to the virus are not fully known;
- the ELISA screening test and confirmation test (Western blot, IFA) are used to detect specific antibody to HIV;
- persons who know that they are infected with HIV will directly benefit from early medical intervention;
- a negative antibody test in a person who has engaged in high risk behaviour does not necessarily mean that the individual has not been infected with HIV. This person should be told to have a follow-up test six months after the last risk behaviour and to take precautions in the meantime to avoid acquiring or transmitting the virus;
- all individuals engaging in high risk behaviour, **even if they test negative**, should be made aware of how to prevent acquiring or transmitting the infection. A person requesting testing or information is receptive to learning and the opportunity should not be lost to convey accurate facts;
- information about the clinical relevance of the test is subject to change. Individuals should be advised that current knowledge is not the final word on this test and that progress continues to be made through research;
- a positive test has significant psycho-social as well as clinical implications. The physician or counsellor must be prepared to deal with these concerns or refer the person to an appropriate resource;
- methods to ensure strict confidentiality of test results must be followed. Should the test results become known to unauthorized persons, discrimination against the individual in employment, insurance and other matters might occur; and
- HIV testing is usually done at no cost to the patient and is not a high cost to the health system.

The presence of a specific antibody means individuals have been exposed to HIV. These individuals must assume that they are infectious.

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* The references are on file at Library and Enquiry Services, Alberta Health. Phone 427-3530 or FAX 422-3091 for copies.

Resources For Support, Information and Teaching

This booklet gives some of the current information about HIV and AIDS. You may still have questions. If you do, please ask them. Here's a list of some of the people and places where you can get good accurate answers.

AIDS/STD Information Line
(province-wide, toll-free) 1-800-772-2437

HIV Antibody Testing pamphlets and other
HIV/AIDS educational materials:
Communications Branch, Alberta Health 427-7164

School and professional resources as well as
statistical information:
AIDS Program, Alberta Health 427-0836

HIV Clinics: (Appointments recommended)

Calgary, Southern Alberta
HIV Clinic, Foothills Hospital 670-2480

Edmonton, HIV Outpatient Program,
University of Alberta Hospitals 492-1852

STD Services Education Unit:

Calgary 297-6562
Edmonton 427-7951

STD Clinics:

Calgary 297-6562
Edmonton 427-2834
Fort McMurray 743-3232

At your health unit offices

(look in your telephone directory)

Community AIDS organizations:

AIDS Calgary 228-0155

AIDS Jasper 852-5274

Banff Regional AIDS Committee 762-4511

Central AIDS Network (Red Deer) 346-8858

Edmonton AIDS Network 488-5742

Feather of Hope
(Aboriginal Services, Calgary) 228-7718
(Aboriginal Services, Edmonton) 488-5773

Foothills AIDS Awareness
Society (High River) 938-4911

Lethbridge AIDS Connection 328-8186

Living Positive (Edmonton) 488-5768

Positive Women (Edmonton) 488-5742

South Peace AIDS Council (Grande Prairie) 538-3388

Injection drug use programs which have needle exchanges:

Calgary:
Urban Project Society (CUPS) 221-8780

Edmonton:
NEEDLEWORKS 488-5742 or 424-4106

Local AADAC offices for drug and alcohol abuse are listed
in telephone directories.

Condom Information:

Alberta Planned Parenthood 265-3360

Banff Planned Parenthood 762-4511

Calgary Birth Control 261-9821

Calgary Family Planning Clinic 264-3454

Edmonton Family Planning Clinic 425-5850

Edmonton Planned Parenthood 423-3737

Appendix

Revised MMWR Classification System for HIV Infection

This revised classification system for HIV infection has been developed to emphasize the clinical importance of the CD4+ T-lymphocyte count in the categorization of HIV-related clinical conditions. It is primarily intended for use in public health practice.

The etiologic agent of acquired immunodeficiency syndrome (AIDS) is a retrovirus designated human immunodeficiency virus (HIV). The CD4+ T-lymphocyte is the primary target for HIV infection because of the affinity of the virus for the CD4 surface marker. The CD4+ T-lymphocyte coordinates a number of important immunologic functions, and a loss of these functions results in progressive impairment of the immune response. Studies of the natural history of HIV infection have documented a wide spectrum of disease manifestations, ranging from asymptomatic infection to life-threatening conditions characterized by severe immunodeficiency, serious opportunistic infections and cancers. Other studies have shown a strong association between the development of life-threatening opportunistic illnesses and the absolute number (per microliter of blood) or percentage of CD4+ T-lymphocytes. As the number of CD4+ T-lymphocytes decreases, the risk and severity of opportunistic illnesses, increases.

Measures of CD4+ T-lymphocytes are used to guide clinical and therapeutic management of HIV infected persons. Antimicrobial prophylaxis and antiretroviral therapies have been shown to be most effective within certain levels of immune dysfunction. As a result, antiretroviral therapy should be considered for all persons with CD4+ T-lymphocyte counts of <500/microliters, and prophylaxis

against *Pneumocystis carinii* pneumonia (PCP), the most common serious opportunistic infection diagnosed in men and women with AIDS, is recommended for all persons with CD4+ T-lymphocyte counts of <200/microliter and for persons who have had prior episodes of PCP. Because of these recommendations, CD4+ T-lymphocyte determinations are an integral part of medical management of HIV-infected persons.

The classification system for HIV infection among adolescents and adults has been revised to include the CD4+ T-lymphocyte count as a marker for HIV-related immuno-suppression. This revision establishes mutually exclusive subgroups for which the spectrum of clinical conditions is integrated with the CD4+ T-lymphocyte count. The objectives of these changes are to simplify the classification of HIV infection, to reflect current standards of medical care for HIV-infected persons and to categorize more accurately HIV-related morbidity.

The revised CDC classification system for HIV-infected adolescents and adults categorizes persons on the basis of clinical conditions associated with HIV infection and CD4+ T-lymphocyte counts. The system is based on three ranges of CD4+ T-lymphocyte counts and three clinical categories and is represented by a matrix of nine mutually exclusive categories (Table 1). This system replaces the classification system which included only clinical disease criteria and which was developed before the widespread use of CD4+ T-cell testing.

CD4+ T-Lymphocyte Categories

The three CD4+ T-lymphocyte categories are defined as follows:

- Category 1: ≥ 500 cells/microliter
- Category 2: 200-499 cells/microliter
- Category 3: <200 cells/microliter

Table 1. 1993 revised classification system for HIV infection and expanded AIDS surveillance case definition for adolescents and adults¹.

Clinical Categories			
CD4+ T-cell categories	(A) Asymptomatic, acute (primary) HIV or PGL ²	(B) Symptomatic, not A or C conditions ³	(C) AIDS-indicator conditions ⁴
(1) $\geq 500/\mu\text{L}$	A1	B1	C1
(2) 200-499/ μL	A2	B2	C2
(3) <200/ μL AIDS-indicator T-cell count	A3	B3	C3

1. The shaded cells illustrate the expanded AIDS surveillance case definition. Persons with AIDS-indicator conditions (Category C) as well as those with CD4+ T-lymphocyte counts <200/ μL (Categories A3 or B3) will be reportable as AIDS cases in the United States and Territories, effective January 1, 1993.

2. PGL=persistent generalized adenopathy. Clinical Category A includes acute (primary) HIV infection.

3. See text for discussion.

4. See Appendix B.

These categories correspond to CD4+ T-lymphocyte counts per microliter of blood and guide clinical and therapeutic actions in the management of HIV-infected adolescents and adults. The revised HIV classification system also allows for the use of the percentage of CD4+ T-lymphocyte cells.

HIV-infected persons should be classified based on existing guidelines for the medical management of HIV-infected persons. Thus, the lowest accurate, but not necessarily the most recent, CD4+ T-lymphocyte count should be used for classification purposes.

Clinical Categories

The clinical categories of HIV infection are defined as follows:

Category A

Category A consists of one or more of the conditions listed below in an adolescent or adult (>13 years) with documented HIV infection. Conditions listed in Categories B and C must not have occurred. Conditions are:

- Asymptomatic HIV infection;
- Persistent generalized lymphadenopathy; and
- Acute (primary) HIV infection with accompanying illness or history of acute HIV infection.

Category B

Category B consists of symptomatic conditions in an HIV-infected adolescent or adult that are not included among conditions listed in clinical Category C and that meet at least one of the following criteria:

- a) the conditions are attributed to HIV infection or are indicative of a defect in cell-mediated immunity; or
- b) the conditions are considered by physicians to have a clinical course or to require management that is complicated by HIV infection.

Examples of conditions in clinical Category B include, but are not limited to:

- Bacillary angiomatosis;
- Candidiasis, oropharyngeal (thrush);
- Candidiasis, vulvovaginal — persistent, frequent or poorly responsive to therapy;
- Cervical dysplasia (moderate or severe)/cervical carcinoma in situ;
- Constitutional symptoms, such as fever (38.5C) or diarrhea lasting more than one month;
- Hairy leukoplakia, oral;
- Herpes zoster (shingles), involving at least two distinct episodes or more than one dermatome;
- Idiopathic thrombocytopenia purpura;
- Listeriosis;
- Pelvic inflammatory disease, particularly if complicated by tubo-ovarian abscess; and
- Peripheral neuropathy.

For classification purposes, Category B conditions take precedence over those in Category A. For example, someone previously treated for oral or persistent vaginal candidiasis (and who has not developed a Category C disease) but who is now asymptomatic, should be classified in clinical Category B.

Category C

For classification purposes, once a Category C condition has occurred, the person will remain in Category C.

Category C includes the clinical conditions listed in the AIDS surveillance case definition of:

- Candidiasis of bronchi, trachea or lungs;
- Candidiasis, esophageal;
- Cervical cancer, invasive;
- Coccidioidomycosis, disseminated or extrapulmonary;
- Cryptococcosis, extrapulmonary;
- Cryptosporidiosis, chronic intestinal of more than one months duration;
- Cytomegalovirus disease (other than liver, spleen or nodes);
- Cytomegalovirus retinitis (with loss of vision);
- Encephalopathy, HIV-related;
- Herpes simplex, chronic ulcers (more than one month duration) or bronchitis, pneumonitis or esophagitis;
- Histoplasmosis, disseminated or extrapulmonary;
- Isosporiasis, chronic intestinal (more than one month duration);
- Kaposi's sarcoma;
- Lymphoma, Burkitt's (or equivalent term);
- Lymphoma, immunoblastic (or equivalent term);
- Lymphoma, primary of brain;
- Mycobacterium avium complex or M.y kansasii, disseminated or extrapulmonary;
- Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary);
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary;
- Pneumocystis carinii pneumonia;
- Pneumonia, recurrent;
- Progressive multi-focal leukoencephalopathy;
- Salmonella septicemia, recurrent;
- Toxoplasmosis of brain; and
- Wasting syndrome due to HIV.

Pre-Test

Information

HIV Antibody Testing

What is HIV?

HIV is an abbreviation for the words Human Immunodeficiency Virus, the name of the virus (germ) which leads to AIDS.

Human

- means the virus affects human beings

Immunodeficiency

- means the virus attacks the body's immune system — this system helps fight infections

Virus

- identifies the type of germ

HIV is spread through infected semen, blood or vaginal fluids, passed from person to person.

Because HIV attacks the immune system, a person with the virus has less protection against infections and unusual cancers. When these diseases occur, the person is diagnosed by a doctor as having AIDS.

Have you talked about HIV/AIDS antibody testing with a health care professional or AIDS counsellor? Read this brochure, then talk to a doctor, nurse or AIDS counsellor. Keep asking until your questions and concerns are answered. Agencies that can give information are listed in this brochure.

What are my chances of being infected with HIV?

You **are at risk** if you:

- do not use a latex condom during anal, vaginal or oral sex (with partners of either the same or opposite sex);
- share sex toys placed into the vagina or anus;
- have unprotected mouth-to-anus sex;
- share a needle or syringe to inject drugs;
- do **anything** that causes blood-to-blood contact; and
- have a sex partner who does any of the above and you do not practice safer sex.

You are **not at risk** if both you and your current partner:

- have not had sex with anyone else since 1978;
- have not shared needles, syringes or sex toys; and
- did not have blood transfusions or blood products between 1978 to 1985.

Why get tested?

You should have a test if you have been involved in any risky behaviours. Testing is the only way to know whether or not you have HIV. You may look and feel well and still be infected with the virus. Once you know your results, you can learn about your choices.

There are several reasons to be tested. Please consider that:

- your anxiety about being HIV infected will be relieved if the test is negative;
- a person with HIV has a chronic, life-threatening condition. Early discovery of the infection and starting medical treatment is the best way to control the virus;
- it is responsible behaviour to know whether you are HIV infected before having a new sex partner; and
- it is wise to know whether or not you are infected before you or your partner decide to have children. If you or your partner are already pregnant, discuss this with your doctor.

However, no matter what the test results, you should follow the safer sexual practices discussed later in this brochure.

What is the HIV Antibody Test?

A blood sample is taken and tested. This test does not directly detect the HIV virus. It detects antibodies. These are made by the body after HIV has entered the body. If no antibodies are found, the test is negative. If there are antibodies, the test is positive.

What does it mean if I have a positive test?

It means you have become infected with HIV. Often there is no way to know exactly when this happened. With the virus in your body, you might spread HIV to others if you:

- have unsafe sex;
- share needles or syringes;
- expose someone else to your blood;
- are pregnant or are breast-feeding a baby.

What does it mean if I have a negative test?

This means one of three things. You:

- have never been exposed to the virus and do not have the virus in your body;
- are infected with the virus but your body has not had time to make antibodies. This can take two to six months to happen and is called the **“window period”**; or
- are infected with HIV but may never have a positive antibody test. A very few people do not make these antibodies, but this is extremely rare. After discussions with your doctor, another type of test may need to be done.

A negative test does not mean that you are protected in the future. To avoid HIV, practice safer sex and do not share needles and syringes.

Some things to think about

Talk to your doctor, a nurse or an AIDS counsellor about your risks and what is involved in testing. Sometimes it helps to take a few days to decide if you want to be tested. You can re-read this brochure and write down your questions.

Here are specific things you might consider before deciding to be tested.

#1 Emotional Support

Having the test and waiting for the results can be a time of worry. Many people want family and friends around for emotional support during times of stress. Others prefer to keep their problems to themselves, at least for a while.

Before being tested you could:

- consider ways to reduce your anxiety while you wait for the test results;

- decide with whom you want to discuss your testing (maybe your partner or a close friend). Often, talking about uncertainty helps to make the decisions clearer.
- think about whether you want these people to know that you have been tested, even if the test results come back as negative;
- plan ahead for how you might react to the test results, whether they are negative or positive;
- consider which family or friends you have for emotional support if needed.

#2 Confidentiality

At every stage, care will have been taken to be sure no one except your doctor learns about your test. There are times, however, when the results may be seen by others. For example, if the blood sample is taken in a hospital, the results may be returned there to become part of your permanent hospital record.

Talk to the doctor, nurse or counsellor about keeping your testing and the test results confidential.

When your blood is sent for testing, the sample might be labelled in one of the following three ways:

- with your name;
- with a “confidential” code known only to you and your doctor. If a code is used, try to remember it so that the same code can be used again if you need a follow-up test; or
- with an “anonymous” code known only to you. This anonymous form of identification has a major drawback. If your test is positive, there is no chance for a doctor to arrange the necessary follow-up.

Everyone who works in the office where you have the test is expected to make sure that the results are known only by the doctor who requested the test. Other staff in the office, clinic, laboratory or hospital who learn of the test result, or even the fact that you were tested, are not allowed to pass this information on to anyone. The doctor who requested your test should have your permission before giving the results to anyone.

In Alberta, an individual's HIV antibody test results are not reported to Public Health Authorities. Only the total number of people having positive and negative test results are reported by the laboratories to Alberta Health. Names or codes are not revealed.

#3 Follow-Up Testing

A negative test result does NOT mean that you are definitely free from HIV infection. You may be in the "window period" and the antibodies have not yet formed. Your doctor can discuss whether or not this is likely in your case and will give you advice about follow-up testing.

If you have tested negative, but are at high risk, you may be told you should be tested again. This test should take place in three to six months after your last risk behaviour. In the meantime, if you ARE infected NOW with HIV, you could spread the infection to others. Practice safer sex and do not share needles, so that you avoid coming in contact with the virus and spreading it to others. Also, remember that pregnant women can pass the infection to their babies.

#4 Practice Safer Sex

Learn which sexual practices are risky and choose those that are safest.

The SAFEST practices are:

- not having sexual intercourse with anyone;
- being in a relationship where **both** partners are free of infection and have sex only with each other and do not share needles to inject drugs;

- massaging, touching, stroking;
- hugging, body-to-body rubbing;
- dry kissing, French kissing, deep kissing; and
- mutual masturbation as long as neither person has open cuts or sores which may become exposed to body fluids.

LOW RISK practices include:

- vaginal or anal intercourse with a latex condom; and
- oral sexual activity.

HIGH RISK practices are:

- anal intercourse without a condom;
- vaginal intercourse without a condom;
- relying on withdrawing the penis before ejaculation (coming);
- sharing sex toys, unless dildoes and vibrators have been covered with a condom during use and toys are washed after use; and
- manual anal intercourse (fisting).

#5 Protect Yourself

If you are going to have sex:

- use a condom every time you have intercourse;
- always be protected by using a lubricated, **latex** condom to reduce the risk of infection. Animal membrane condoms do not adequately protect against HIV;
- be sure that lubricants are water based, such as KY Jelly™ or MUCOT™. Do NOT use vaseline, hand lotion, mineral oil or anything with a petroleum base because these will damage the condom;
- use a condom and a spermicide (foam or cream) which contains nonoxynol-9 for vaginal sex to help kill the virus. Do NOT use nonoxynol-9 if it causes redness or irritation. Nonoxynol-9 should NOT be used for anal sex;

- avoid any sexual practice which may cause bleeding and the chance of the virus being spread through the blood; and
- do NOT have sexual intercourse without a condom and do NOT touch the vagina during a woman's menstrual period. Blood can contain large amounts of HIV.

Be sure you know how to use condoms correctly. If you don't, contact one of the agencies listed in this brochure.

#6 Take Other Precautions to Prevent HIV Spread

No matter what the outcome of your HIV antibody test, it is important to avoid doing anything which might involve coming into contact or exposing another person to blood, semen or vaginal fluids.

Be sure to:

- NOT share needles or other injection equipment;
- always use your own toothbrush, razor or anything else that could have blood on it. Make sure that only sterilized equipment and needles are used for electrolysis, tattoos, and ear and body piercing;
- take precautions at work (e.g. wear protective gloves) to protect others from coming in contact with your blood or other body fluids, if your work means that others might be exposed to these fluids;
- keep rubber gloves in First Aid kits at home, work and in the car. You may need these to help someone who is bleeding or they may need to help you; and
- ask about the policy for universal precautions where you work. You may have to talk to the occupational health nurse or a member of the Fire and Safety Committee.

No matter whether your HIV antibody test results are negative or positive, you owe it to yourself and others to learn which practices are safest and which are unsafe.

Remember . . .

If you are unsure about being tested for HIV, discuss it with your doctor, an AIDS counsellor or a health care professional who understands HIV infection and AIDS.

- A negative test usually means you do not have HIV infection. However, it is not a guarantee that you are free from infection. If you have had behaviours that put you at risk, you should be tested again in three to six months after the last risk behaviour. In the meantime, take precautions to prevent catching or spreading the virus;
- A negative test does not mean that you are protected from HIV in the future;
- A positive HIV antibody test means that you are infected with HIV;
- Anyone infected with HIV can spread the infection to others;
- To date, people infected with HIV will eventually progress to AIDS. But, with early and ongoing treatment, the onset of AIDS can often be delayed for many years; and
- The HIV antibody test cannot detect if you do or do not have AIDS. It can only show if you have been infected with the virus that causes AIDS.

Frequent testing does not protect you and your partner from HIV infection. Only avoiding high risk behaviours reduces your risk of becoming infected. Protect yourself and others.

Where can I get more help?

You may still have questions. If you do, please ask. Here's a list of some of the people and places where you can get good, accurate answers.

AIDS/STD Information Line
(province-wide, toll-free): 1-800-772-2437

For HIV Antibody Testing pamphlets and other HIV/AIDS educational materials:
Communications Branch,
Alberta Health 427-7164

For school and professional resources, as well as statistical information:
AIDS Program, Alberta Health 427-0836

HIV Clinics: (Appointments recommended)

Calgary, Southern Alberta
HIV Clinic, Foothills Hospital 670-2480

Edmonton, HIV Outpatient Program,
University of Alberta Hospitals 492-1852

STD Services Education Unit:

Calgary 297-6562
Edmonton 427-7951

STD Clinics:

Calgary 297-6562
Edmonton 427-2834
Fort McMurray 743-3232

At health unit offices

(look in your local telephone directory)

Community AIDS organizations:

AIDS Calgary	228-0155
AIDS Jasper	852-5274
Banff Regional AIDS Committee	762-4511
Central AIDS Network (Red Deer)	346-8858
Edmonton AIDS Network	488-5742
Feather of Hope	
(Aboriginal Services, Calgary)	228-7718
(Aboriginal Services, Edmonton)	488-5773
Foothills AIDS Awareness	
Society (High River)	938-4911
Lethbridge AIDS Connection	328-8186
Living Positive (Edmonton)	488-5768
Positive Women (Edmonton)	488-5742
South Peace AIDS Council	
(Grande Prairie)	538-3388

Injection drug use programs which have needle exchanges:

Calgary:

 Urban Project Society (CUPS)

221-8780

Edmonton:

 NEEDLEWORKS

488-5742 or 424-4106

For help with drug and alcohol abuse, contact local
AADAC offices listed in telephone directories.

Condom Information:

Alberta Planned Parenthood	265-3360
Banff Planned Parenthood	762-4511
Calgary Birth Control	261-9821
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Edmonton Planned Parenthood	423-3737

What does it mean to have a Negative HIV Antibody Test?

HIV Antibody Testing

You have probably read the "HIV Antibody Testing Pre-Test Information" brochure.

This pamphlet discusses the meaning of a negative test result and suggests ways to prevent getting the virus.

What is HIV?

HIV is an abbreviation for the words Human Immunodeficiency Virus, the name of the virus (germ) which leads to AIDS.

Human

- means the virus affects human beings

Immunodeficiency

- means the virus attacks the body's immune system — this system helps fight infections

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HIV is spread through infected semen, blood or vaginal fluids passed from person to person.

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- are infected with HIV but may never have a positive antibody test. A very few people do not make these antibodies, but this is extremely rare. After discussions with your doctor, another type of test may need to be done.

A negative test does NOT mean that you are protected in the future. To avoid HIV, practice safer sex and do not share needles and syringes.

What should I know about HIV Antibody test results?

Follow-Up Testing

A negative test result does NOT mean that you are definitely free from HIV infection.

You may be in the “window period” and the antibodies have not yet formed. Your doctor can discuss whether or not this is likely in your case and will give you advice about follow-up testing.

If you have tested negative, but are at high risk, you will probably be told you should be tested again. This test should take place three to six months after your last risk behaviour. In the meantime, if you ARE infected NOW with HIV, you could spread the infection to others. Practice safer sex and do not share needles, so that you avoid coming in contact with the virus and spreading it to others. Also, remember that pregnant women can pass the infection to their babies.

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What should I do now?

You may have worried as you waited for your test results. You may have done a lot of thinking about your risky behaviours. Your negative test makes this the perfect time to change those behaviours to make sure you never get HIV infection. If you have a partner, talk about working together to avoid the risks for both of you.

#1 Practice Safer Sex

Learn which sexual practices are risky and choose those that are safest.

The SAFEST practices are:

- not having sexual intercourse with anyone;
- being in a relationship where both partners are free of infection and have sex only with each other and do not inject drugs with shared needles;
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If you are going to have sex:

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Be sure you know how to use condoms correctly. If you don't, contact one of the agencies listed in this brochure.

#3 Take Other Precautions To Prevent HIV Spread

No matter what the outcome of your HIV antibody test, it is important to avoid doing anything which might involve coming into contact with, or exposing another person to, blood, semen or vaginal fluids. Be sure to:

- NOT share needles or other injection equipment;
- always use your own toothbrush, razor or anything else that could have blood on it. Make sure that only sterilized equipment and needles are used for electrolysis, tattoos, ear and body piercing;
- take precautions at work (e.g. wear protective gloves) to protect others from coming in contact with your blood or other body fluids, if your work means others might be exposed to these fluids;
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What does it mean to have a Positive HIV Antibody Test?

HIV Antibody Testing

You have probably read the "HIV Antibody Testing Pre-Test Information" brochure.

This pamphlet discusses the meaning of a positive test result and suggests some ways which may help you adjust to being HIV positive. It also describes how you can avoid spreading the virus to others.

There is a lot to learn. Because this is a stressful time, you may not remember much of what you are told. Do not be shy or afraid to ask your doctor, nurse or AIDS counsellor any questions. Keep asking until you understand. If you want other support or advice, contact the agencies listed in this brochure.

What is HIV?

HIV is an abbreviation for the words Human Immunodeficiency Virus, the name of the virus (germ) which leads to AIDS.

Human

- means the virus affects human beings

Immunodeficiency

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HIV is spread through infected semen, blood or vaginal fluids, passed from person to person. Because HIV attacks the immune system, a person with the virus has less protection against infections and unusual cancers. When these diseases occur, the person is diagnosed by a doctor as having AIDS.

What is the HIV Antibody Test?

A blood sample is taken and tested. The test does not directly detect the HIV virus. It detects antibodies. These are made by the body after HIV has entered the body. If there are antibodies, the test is positive. If no antibodies are found, the test is negative.

What does it mean if I have a positive test?

This means:

- your blood sample was tested more than once and HIV antibodies were found;
- you have become infected with the virus at some time. Often there is no way of knowing when this happened;

- you could spread the virus to others for the rest of your life; and
- if you are, or become, pregnant you might spread the virus to your baby.

A positive test does **NOT** mean that you:

- have AIDS, unless you have other signs of that disease. Ask your doctor about those signs; or
- will immediately be sick. Many people with HIV live healthy, productive lives for many years after they become infected.

What are the stages of HIV?

People with this infection can go through three stages.

At first, most people look and feel perfectly healthy.

In the second stage, some people develop “symptomatic” HIV infection. This happens because their immune systems are weakened. Some people have symptoms similar to “the flu.” Others develop other infections. The signs of these infections could include diarrhea, weight loss, fever, night sweats, extreme fatigue, and swollen glands in the neck, armpit and groin.

In the last stage, people infected with HIV develop AIDS. This happens because their immune systems are weakened and cannot fight off other infections or cancers. But, this can take well over 12 years after being infected with HIV. Early and ongoing medical care can make a big difference in controlling how quickly HIV progresses.

It is important to realize that HIV can be spread to others at any of these three stages through:

- unprotected sex;
- sharing needles or syringes; and
- during pregnancy from mother to child.

How do I handle knowing I am HIV positive?

Emotional Support

Any feelings you have are okay. People react differently and you may cry, feel angry or just want to run away from everything. These reactions are normal and depend on many things such as:

- the support of your family and friends;
- how satisfied you are with your family, job and lifestyle;
- personal problems that are troubling you; and
- your cultural and spiritual values about issues like HIV, AIDS, illness and death.

Sometimes people are shocked at being HIV positive. If you feel that you cannot cope, it may be helpful for you to talk to someone who will understand how you feel. Ask your doctor or AIDS counsellor for help in arranging to see someone.

After you learn your test results, you may want to arrange a second appointment with your doctor or counsellor. This will be a chance for you to discuss things you must know about HIV. Take a list of your questions so that you will remember them. You may find it helpful to take a partner, a close family member or a friend for emotional support. It will be an opportunity to learn together.

Confidentiality

At every stage, care will have been taken to be sure no one except your doctor learns about your test. There are times, however, when the results may be seen by others. For example, if your blood sample was taken in a hospital, the results may be returned there to become part of your permanent hospital record.

When your blood was sent for testing, the sample was labelled in one of the following three ways:

- with your name;
- with a “confidential” code known only to you and your doctor; or
- with an “anonymous” code known only to you.

Talk to the person who gave you the test to make sure that your testing and the results remain confidential.

Everyone who works in the office where you had your test is expected to make sure that results are known only by the doctor who requested the test. Other staff in the office, clinic, laboratory or hospital who learn of the result, or even the fact that you were tested are not allowed to pass this information on to anyone. The doctor who requested your test should have your permission before giving the results to anyone.

In Alberta, an individual's HIV antibody test results are not reported to Public Health Authorities. Only the total number of people having positive and negative test results are reported by the laboratories to Alberta Health. Names or codes are not revealed.

What should I do differently when I am HIV positive?

#1 Protect Your Health

Take steps to stay as healthy as possible, including:

- giving your body every chance to fight the infection by eating a well-balanced diet and getting enough exercise and rest;
- avoiding fatigue and stress;
- seeing a doctor at least twice a year for a complete checkup and advice about maintaining your health. It is important that you find a doctor with whom you can talk freely about reducing the risk of spreading HIV to others;

- keeping all your immunizations current;
- having a yearly Pap test if you are a woman;
- not smoking, abusing alcohol or injecting street drugs or inhaling "poppers." These can weaken your immune system and your body will be less able to fight infections; and
- seeing your doctor if any of the following problems occur:
 - unexplained weight loss
 - yeast infections
 - severe night sweats
 - extreme fatigue
 - swollen glands
 - purple spots on or beneath your skin, in your mouth, nose or anus
 - dry cough or shortness of breath.

Remember, some of these symptoms may also mean that you have a cold or "the flu" and there may be no connection with HIV.

#2 Protect Others By Preventing Spread of Virus

You can prevent spreading the virus by:

- telling your sexual partners that you have HIV infection. They have the right to know so they can make their own choices about being tested;
- telling needle-sharing partners about your infection;
- taking every possible precaution to avoid having your semen, blood or vaginal fluids coming in contact with another person;
- never donating blood, sperm, ova or body organs;
- NOT signing the organ donor portion of your driver's licence. If you have already signed this portion, cross out your signature;
- NOT sharing needles if you inject drugs;

- always using your own toothbrush, razor or anything else that could have blood on it. Do not go for electrolysis, ear and body piercing or to get tattooed;
- taking precautions at work (e.g. wear protective gloves) to protect others from coming in contact with your blood or other body fluids, if your work means others might be exposed to these fluids;
- keeping rubber gloves in First Aid kits at home, work and in the car. You may need to help someone who is bleeding or someone may need to help you;
- asking about the policy for universal precautions where you work. You may have to talk to the occupational health nurse or a member of the Fire and Safety Committee.
- discussing, with a knowledgeable doctor, all of the risks before deciding to become pregnant; and
- telling your doctor about the positive test if you or your partner are pregnant and choose to continue with the pregnancy. There is a 15-30% chance the virus will be passed from mother to baby during pregnancy, delivery or breast feeding. The doctor must be told so that treatment of the baby can be started immediately if needed.

Children should have an HIV antibody test if they were conceived or breast-fed by an HIV infected person.

#3 Practice Safer Sex: Make Sexual Choices That Are Safe For Others

Depending on your situation, there may be times you choose one form of sexual expression and times you choose another. You could choose not to have sexual intercourse at all. This works well for some people who select other forms of sexual expression, such as mutual masturbation or massage.

Learn which sexual practices are risky and choose those that are safest.

The SAFEST practices are:

- NOT having sexual intercourse with anyone;
- massaging, touching, stroking;
- hugging, body-to-body rubbing;
- dry kissing, French kissing, deep kissing; and
- mutual masturbation as long as neither person has open cuts or sores which may become exposed to body fluids.

LOW RISK practices include:

- vaginal or anal intercourse with a latex condom; and
- oral sexual activity.

HIGH RISK practices are:

- anal intercourse without a condom;
- vaginal intercourse without a condom;
- relying on withdrawing the penis before ejaculation (coming);
- sharing sex toys, unless dildoes and vibrators have been covered with a condom during use and toys are washed after use; and
- manual anal intercourse (fisting).

If you are going to have sex:

- use a condom every time you have intercourse;
- always be protected by using a lubricated, **latex** condom to reduce the risk of infection. Animal membrane condoms do NOT adequately protect against HIV.
- be sure that lubricants are water based, such as KY Jelly™ or MUCO™. Do NOT use vaseline, hand lotion, mineral oil or anything with a petroleum base because these will damage the condom;

- use a condom and a spermicide (foam or cream) which contains nonoxynol-9 for vaginal sex to help kill the virus. Do NOT use nonoxynol-9 if it causes redness or irritation. Nonoxynol-9 should **NOT** be used for anal sex;
- avoid any sexual practice which may cause bleeding. This increases the chance of the virus being spread through the blood; and
- do NOT have sexual intercourse without a condom and do NOT touch the vagina during a woman's menstrual period. Blood can contain large amounts of HIV.

Be sure you know how to use condoms correctly. If you don't, contact one of the agencies listed in this brochure.

Even if both you and your partner have HIV, it is wise to wear a condom during sexual intercourse. You may have different strains of the virus and further infection might weaken your immune system.

Share the HIV test results with past and present partners. Tell future partners **before** having sexual intercourse.

Ask your doctor to help you if it is difficult to tell partners about your results. Doctors share an obligation to be sure people are told and they can do so without revealing your name.

What activities can I continue to do?

Research has shown that people with HIV who remain active will stay well longer and cope better with the stress of their illness. You cannot spread HIV through most daily activities. The virus is NOT transmitted from toilets, water fountains, telephones or in food preparation.

You can:

- turn to people you trust and share the information so that you can enjoy relaxed, satisfying friendships;
- continue your usual social activities with family and friends. The virus is NOT spread through hugging, stroking and kissing; and
- have day-to-day contact with other people.

Remember, HIV infected people can continue to have satisfying, useful lives. You are not alone. There are many people and resources in your community to offer the support or advice you need.

Where can you get more help?

You may still have questions. If you do, please ask. Here's a list of some of the people and places where you can get good, accurate answers.

AIDS/STD Information Line

(province-wide, toll-free): 1-800-772-2437

HIV Antibody Testing pamphlets and other HIV/AIDS educational materials:

Communications Branch,

Alberta Health 427-7164

For school and professional resources, as well as statistical information:

AIDS Program,

Alberta Health 427-0836

HIV Clinics: (Appointments recommended)

Calgary, Southern Alberta

HIV Clinic, Foothills Hospital 670-2480

Edmonton, HIV Outpatient Program,

University of Alberta Hospitals 492-1852

STD Services Education Unit:

Calgary 297-6562

Edmonton 427-7951

STD Clinics:

Calgary 297-6562

Edmonton 427-2834

Fort McMurray 743-3232

At your health unit offices

(look in your telephone directory)

Community AIDS organizations:

AIDS Calgary	228-0155
AIDS Jasper	852-5274
Banff Regional AIDS Committee	762-4511
Central AIDS Network (Red Deer)	346-8858
Edmonton AIDS Network	488-5742
Feather of Hope	
(Aboriginal Services, Calgary)	228-7718
(Aboriginal Services, Edmonton)	488-5773
Foothills AIDS Awareness	
Society (High River)	938-4911
Lethbridge AIDS Connection	328-8186
Living Positive (Edmonton)	488-5768
Positive Women (Edmonton)	488-5742
South Peace AIDS Council	
(Grande Prairie)	538-3388

Injection drug use programs which have needle exchanges:

Calgary:

 Urban Project Society (CUPS)

221-8780

Edmonton:

 NEEDLEWORKS

488-5742 or 424-4106

For help with drug and alcohol abuse, contact local
AADAC offices listed in telephone directories.

Condom Information:

Alberta Planned Parenthood	265-3360
Banff Planned Parenthood	762-4511
Calgary Birth Control	261-9821
Calgary Family Planning Clinic	264-3454
Edmonton Family Planning Clinic	425-5850
Edmonton Planned Parenthood	423-3737

Alberta
HEALTH



3 3286 50420 8048

For more pamphlets, please contact:



Communications Branch
18 floor
10025 Jasper Avenue
Edmonton, Alberta
T5J 2N3

Telephone: 427-7164
Fax: 427-1577